

J. AMBULATION: Fully Ambulatory ☐ Progressive Ambulation ☐ Cannot Climb Stairs ☒ Needs Bed Care ☐

Medical Restriction: Disability - 7 year

WORKING ABILITY: May Patient Return to Usual Occupation? Yes ☐ No ☐
Disability Permanent, Does Patient Have Rehabilitative Potential? Yes ☐ No ☐

L. DIET: Regular Calories: Sodium Content:

M. MEDICATIONS, DRESSINGS, APPLIANCES, OR TREATMENTS. Give Directions.
Colace 100mg BID Enuresis TID
Prenacid 30mg daily
Zolof 50mg daily
Aronsp 200mg SL qWK
Oxycontin 20mg BID
Dilaudid 30mg q2hr
N. RECOMMENDED CLINIC APPOINTMENTS
11400 on 10/3/06 at 8:30 AM for chemo
Clinic 4PI - 10/10/2006
ER Fox fever, V/D, LVD @ 1pm CBC, CMP, CEA
A mental status, dehydration

O. DISCHARGE PATIENT ON: 9/1/06
DISCHARGE PATIENT TO: ☐ Nursing Home: Closed ☐ Open ☐ Duration ☐ Down Home ☐ Another Hospital
☐ Board & Care Home: Closed ☐ Open ☐ Duration ☐ Other:
Signature of Resident in Charge of Case: Signature of Physician Completing Report: 11/09/ DATE: 9/27/06

P. NURSING DISCHARGE RECORD:

| Clinic Appts Given | Medications Given | Supplies Given |
|---|-------------------|----------------|
| 11400 10-3-06 / 8:30am 4PI 10-10-06 / 1:00pm | Scripts | |

Status of Patient:
How Simple Instructions: Yes ☒ No ☐ Patient's Behavior: WNL
Speaks English: Yes ☒ No ☐ Spanish: Yes ☐ No ☐ Other: Speech: Normal ☒ Other: Hearing: Normal ☒ Hearing Aid ☐
Vision: Normal ☒ Glasses ☐ Contact Lenses ☐ Glass Eye ☐ Other: Control Bladder & Bowels: ☐ Incontinent: Urine ☐ Feces ☐ Retention Catheter ☐ Ostomy: No ☐ Yes ☒ Specify: Colostomy / fistula
Feed Self: Yes ☒ No ☐ Bath Self: Yes ☐ No ☐ Dress Self: Yes ☐ No ☐ Dentures: Upper ☐ Lower ☐ None ☐
Walk Alone: Yes ☐ No ☐ Uses: Cane ☐ Crutches ☐ Walker Aid ☐ Prosthesis ☐ Wheelchair: Yes ☐ No ☐ Pushes self ☐ Transfers self ☐
Nails (hand and feet) Clean: Yes ☒ No ☐ Hair Combed & Clean: Yes ☒ No ☐ Condition of Skin: Fistula / Ostomy / healing abd wound
Allergies: No ☒ Yes, (Specify): Decubiti: No ☒ Yes, (describe):
Unhealed Wounds: No ☒ Yes, (describe):
Instructed & Understands: Diet: Yes ☒ No ☐ Activity: Yes ☒ No ☐ Limitations: Yes ☐ No ☐
Clinic Appt: Yes ☒ No ☐ Medications: Yes ☒ No ☐ Supplies and Treatments: Yes ☒ No ☐

Remarks: S/P Chemo Administered pt to return to hospital - pain or not controlled - meds, or temp > 100.6
Voiced understanding Scripts to pharmacy, Appts given
Left ward via W/C Left ward with girl friend
Discharge Date 9-28-06 Discharge Time RN Signature

Q. IDENTIFYING DATA:
Discharge Address: 525 S. Ardmore Ave # 149
City: Los Angeles State: CA Zip: 90020 Phone: 213-387-9124
Name of Institution: Person To Notify: Filimona, Faustine-Fian Relationship: Friend
Address: 525 S Ardmore Ave #149 Phone: 213-387-9124

IMPRINT I.D. CARD (NAME MRUN CLINIC/WARD)
ASUEGA, RODNEY T
04 29 1969 H AK
721 92 94
GRS/GI W/PC



DISCHARGE RECORD - PART 1

ATTN: ALEX RAINT

CHEST X-RAY?

Yes ☒ No ☐

DATE TAKEN:

Yes ☐ No ☐

ANY TBC?

(TO BE COMPLETED BY THE PHYSICIAN)

A MEDICAL SUMMARY: Age 37 Sex M Race Samoa Date of Admission 9/6/06Initial Complaint: Abd pain weakness, FTT

Course in Hospital: 37 yo Samoa M w/ met Rectal cancer was managed conservatively. He was started on PRN and eventually tolerated Regular diet. He was started on CHEMO (FOLFOX + (Cetuximab)) on 9/18/06 which he tolerated well. He also developed ART on 9/27 for which GI determined was 2° to post-anastomotic obstruction. After stent placement, Cr ↓ to 1.1. Anemia was managed w/ ZIRPO. started on Prilosep and given Vit K. Pain was controlled w/ Dilaudid PCA and was 6 to 10mg acting Oxycontin. Patient developed Depression for which he was started on Zoloft.

B DIAGNOSIS Metastatic mucinous Rectal CA to lung, liver

FOR MEDICAL AUDIT

LIST PRIMARY DIAGNOSIS FIRST
Interoctaneous FistulaOpen Abdominal incision & ostomy bagH/O (B) Hydronephrosis & Double J-stents replaced 8/15/06AnemiaRLE DVT & IVC Filter Depression

C. SURGICAL PROCEDURES and/or SPECIAL DIAGNOSTIC TESTS PERFORMED THIS ADMISSION:

9/7 CXR - new Rt. pleural eff9/7 CT chest - RLE lung nodules, see (B) w/ eff new lesion (D) lobe of liver9/26 U/S: (B) Hydronephrosis, (D) Pleural eff & Hepato biliary tract dilatationCondition of Skin Pre-op: Clean ☐ Contaminated ☐ Infected ☐At Surgery: Infection Absent ☐ Present ☐ Hollow Viscus Opened ☐ Not Opened ☐Wound Healing: Infection Absent ☐ Present ☐ Pus ☐ No Free Pus ☐ Redness Around Sutures ☐D. TRANSFUSIONS GIVEN: None ☐ Number Units of Plasma Number Units of Blood 2E. DRUG REACTIONS: No ☒ Yes ☐ Name of Drug Reaction reported? Yes ☐ No ☐
(IF REACTION HAS NOT BEEN REPORTED PLEASE SEND PATIENT'S NAME AND RE NUMBER TO MEDICAL DIRECTOR)F. KNOWN ALLERGIES: NKAG. CONDITION ON DISCHARGE: Stable Improving ☐ Static ☐ Deteriorating ☐H. PROGNOSIS: poor has Patient been informed of programs? Yes ☐ No ☐I. FOR CASES OF MALIGNANCY: Tumor Localized: Yes ☒ No ☐No Evidence of Metastasis ☐ Metastasis Unknown ☐Tumor Metastatic: Regional and/or Lymph Node Involvement ☒Distant Metastasis ☒ Extent of Metastasis Unknown ☐

(CONTINUED ON NEXT PAGE - PART II)



L-204

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DISCHARGE RECORD